



DOG LICENSE APPLICATION

Ordinance No. 362, Effective Date: January 1, 2008

CITY OF HAPPY VALLEY
16000 SE Misty Drive
Happy Valley, Oregon 97086
Phone: 503-783-3800 Fax: 503-658-5174



Owner Information:

Name _____, _____
Last Name First Name
Address: _____, Apt# _____
City: _____ State _____ Zip _____
Mailing Address: (if different than above address) _____
Phone: _____ Emergency Phone # _____
Veterinarian Information: _____
Name Address
Vet. Phone: _____ (This information is helpful if your animal is injured and we cannot identify it or/and you cannot be reached.)

☐ First time Happy Valley license Renewal of Happy Valley License No. _____
Current License Tag No. _____ (if other than Happy Valley)
Issuing Agency _____ Expiration date: _____
(A copy of your current dog license from another agency and/or jurisdiction must be attached to be exempt from paying Happy Valley fee)
Name of Pet: _____
Color/Marking: _____ Breed: _____
Sex: ☐ Female ☐ Male
☐ Spayed ☐ Neutered
MICROCHIP NO. _____ Brand: _____ *RABIES EXPIRATION DATE _____

***YOU MUST ATTACH PROOF OF SPAY OR NEUTER (IF APPLICABLE) AND RABIES INNOCULATION CERTIFICATE.**
RABIES VACCINATIONS MUST BE VALID FOR THE ENTIRE LICENSING PERIOD. IF THIS INFORMATION IS NOT
PROVIDED WE CANNOT PROCESS THIS APPLICATION.

			Senior Citizen Discount If Age 62+	Senior Citizen Discount If Age 62+
	FEE - Altered Dog	FEE - Fertile Dog	FEE - Altered Dog	FEE - Fertile Dog
1 Year	18.00	35.00	14.00	31.00
2 Years	34.00	67.00	26.00	59.00
3 Years	50.00	100.00	38.00	88.00
Duplicate License Tag - \$10.00				

There will be a \$25.00 charge for any NSF (non-sufficient funds) checks returned by your bank.

FOR STAFF USE ONLY:

DATE RECEIVED:

License # _____ Fee _____ Paid-CASH _____ CHECK# _____ CC _____
Receipt # _____

Duplicate: Yes _____ No _____

Renewal: Yes _____ No _____ 1 yr _____ 2yr _____ 3yr _____

Proof of Spay/Neuter attached _____

Proof of Rabies Inoculation attached _____ Rabies Expiration Date: _____

Staff Signature: _____ Add to Walk List: _____